

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000004525

**Entity Name:** PROCARE PHARMACY DIRECT, L.L.C.

**Current Principal Place of Business:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895

**Current Mailing Address:**

ONE CVS DRIVE  
LEGAL DEPT  
WOONSOCKET, RI 02895 US

**FEI Number:** 05-0504251

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CAREMARK RX, L.L.C.  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title AS  
Name LUKER, MELANIE KLUKER  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title P  
Name BORATTO, EVA  
Address 2211 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title S  
Name HANKINS, SARA  
Address 2211 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title VT  
Name WACHSMAN, LESLIE  
Address 2211 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title SVP  
Name ADAMS, LANCE  
Address 2211 SANDERS DRIVE  
City-State-Zip: NORTHBROOK IL 60062

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MELANIE LUKER

**SECRETARY**

**04/20/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date